



UNITED STATES PATENT AND TRADEMARK OFFICE

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

August 5, 2004

SAMUEL A. KASSATLY
20690 VIEW OAKS WAY
SAN JOSE, CA 95120
US

Dear Sir/Madam,

This is to deny your refund request in the amount of \$230.00, for patent/serial number 09783666.

You sent an admenment and added claims.

8 x 18 = \$144.00

1 x 86 = \$ 86.00 Money was needed to pay for the added claims.

Sincerely,

Eleanor Kurtz
Technical Center Others
703 305-4762
Refund Branch, Office of Finance

Wednesday, June 30, 2004 1:13 PM

Samuel A. Kassatly 408-323-5112

p.01

SAMUEL A. KASSATLY

Attorney-at-Law

Technology and Intellectual Property Matters

20690 View Oaks Way
San Jose, CA 95120
Telephone: (408) 323-5111
Facsimile: (408) 323-5112

orbsak@pacbell.net

FACSIMILE TRANSMITTAL

| | |
|--|----------------------------------|
| DATE: June 30, 2004 | FROM: Samuel A. Kassatly |
| TO: ATTENTION: REFUND SECTION, ACCOUNTING DIVISION, OFFICE OF FINANCE | TELEPHONE NO.: (408) 323-5111 |
| U.S. Patent and Trademark Office | FACSIMILE NO.: (408) 323-5112 |
| FACSIMILE NO.: 703-308-5077 | ATTY DOCKET NO.: ARC920010009US1 |
| | SUBJECT: Request for Refund |
| | Deposit Account: 500219 |

Title: "Automatic Relevance-Based Preloading Of Relevant Information In Portable Devices"

Applicant(s): Reiner Kraft et al.

Attorney Docket No.: ARC920010009US1

Serial No.: 09/783,666

Filing Date: 02/14/2001

TOTAL NUMBER OF PAGES INCLUDING THIS COVER PAGE 5

Respectfully submitted,



Samuel A. Kassatly
Reg. No. 32,247
Date: June 30, 2004

Enclosure: Request for Refund

CERTIFICATE OF FAXING

I hereby certify that this correspondence is being faxed to the U.S. Patent and Trademark Office, to fax No. 703 872-9306, on June 30, 2004.



Samuel A. Kassatly

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Sir:

REQUEST FOR REFUND
(Improper charge of Deposit Account)

1. REFUND REQUEST

This is a request for a refund with respect to the charge to Deposit Account 500219 shown on the enclosed statement dated June 2004 for the above-identified

☒ application☐ patent

☐ A copy of the monthly statement in which the error referred to occurs, accompanies this request.

**AMOUNT OF
REFUND
REQUESTED**

| | |
|--|----------------------|
| <input type="checkbox"/> filing fee | _____ |
| <input type="checkbox"/> surcharge for filing the basic filing fee on a date later than the filing date of the application (37 CFR 1.16(e)) | _____ |
| and/or | |
| <input type="checkbox"/> surcharge for filing the oath or declaration on a date later than the filing date of the application (37 CFR 1.16(e)) | _____ |
| <input type="checkbox"/> extension of term | _____ |
| <input type="checkbox"/> first month | _____ |
| <input type="checkbox"/> second month | _____ |
| <input type="checkbox"/> third month | _____ |
| <input type="checkbox"/> fourth month | _____ |
| <input checked="" type="checkbox"/> excess dependent claims | <u>\$144</u> |
| <input checked="" type="checkbox"/> excess independent claim | <u>\$ 86</u> |
| <input type="checkbox"/> issue fee | _____ |
| <input type="checkbox"/> petition fee | _____ |
| <input type="checkbox"/> patent maintenance fee | _____ |
| <input type="checkbox"/> first maintenance fee | _____ |
| <input type="checkbox"/> second maintenance fee | _____ |
| <input type="checkbox"/> third maintenance fee | _____ |
| <input type="checkbox"/> patent maintenance fee surcharge | _____ |
| <input type="checkbox"/> other _____ | _____ |
| <u>TOTAL REFUND REQUESTED</u> | <u>\$ 230</u> |

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Enclosed please find a copy of the fee transmittal form in the subject patent application clearly indicating that the fee is to be charged to the following deposit account: 09-0441.

III. MANNER OF REFUND

Please make refund by

- ☒ crediting Account No. 500219 - Samuel A. Kassatly Law Office
☐ refunding payment

Respectfully submitted,



Samuel A. Kassatly (Reg. No. 32,247)

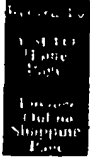
Samuel A. Kassatly Law Office
20690 View Oaks Way
San Jose, CA 95120
Telephone no. (408) 323-5111
Facsimile no. (408) 323-5112
Attorney Docket No. IBM-049,ARC



United States
Patent and
Trademark Office

6/30/04

Deposit Account Statement



Requested Statement Month: June 2004
Deposit Account Number: 500219
Name: SAMUEL A KASSATLY
Attention:
Address: 20690 VIEW OAKS WAY
City: SAN JOSE
State: CA
Zip: 95120

| DATE | SEQ | POSTING REF TXT | ATTORNEY DOCKET NBR | FEE CODE | AMT IN DISPUTE | BAL |
|-------|-----|--------------------|---------------------------|---------------------|-------------------|------------|
| 06/17 | 38 | 6163426 | RR1379 | 1551 | \$910.00 | \$3,003.00 |
| 06/18 | 4 | 09783666 | ARC920010009 | 1201 | \$86.00 | \$2,917.00 |
| 06/18 | 5 | 09783666 | ARC920010009 | 1202 | \$144.00 | \$2,773.00 |
| | | START BALANCE | SUM OF CHARGES | SUM OF REPLENISH | END BALANCE | |
| | | \$3,913.00 | \$1,140.00 | \$0.00 | \$2,773.00 | |

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PTO/SB/17 (10-03)
 Approved for use through 07/31/2006. OMB 0661-0032
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
 Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 144

Complete If Known

Application Number 08/783,668
 Filing Date 02/14/2001
 First Named Inventor Rainer Kraft
 Examiner Name Mohammad A. Siddiqi
 Art Unit 2154
 Attorney Docket No. APO820010009US1

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account

Deposit Account Number 09-0441
 Deposit Account Name International Business Machines

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|------------------------|----------|
| 1001 770 | 2001 385 | Utility filing fee | |
| 1002 340 | 2002 170 | Design filing fee | |
| 1003 530 | 2003 265 | Plant filing fee | |
| 1004 770 | 2004 385 | Reissue filing fee | |
| 1005 160 | 2005 80 | Provisional filing fee | |

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------|--------------|----------------|----------|
| 28 | 20 = 8 | x \$18 | 144 |
| 3 | 3 = 0 | x \$80 | 0 |
| | | x \$290 | 0 |

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description |
|----------------------------|----------------------------|--|
| 1202 18 | 2202 9 | Claims in excess of 20 |
| 1201 88 | 2201 43 | Independent claims in excess of 3 |
| 1203 280 | 2203 145 | Multiple dependent claim, if not paid |
| 1204 88 | 2204 43 | ** Reissue independent claims over original patent |
| 1205 18 | 2205 9 | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$ 144

*or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

| Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid |
|---------------|---------------|--|----------|
| 1051 100 | 2051 55 | Surcharge - late filing fee or oath | |
| 1052 55 | 2052 25 | Surcharge - late provisional filing fee or cover sheet | |
| 1053 130 | 2053 130 | Non-English specification | |
| 1812 2,820 | 2812 2,820 | For filing a request for ex parte reexamination | |
| 1804 920* | 2804 920* | Requesting publication of SIR prior to Examiner action | |
| 1805 1,840* | 2805 1,840* | Requesting publication of SIR after Examiner action | |
| 1251 110 | 2251 55 | Extension for reply within first month | |
| 1252 420 | 2252 210 | Extension for reply within second month | |
| 1253 890 | 2253 475 | Extension for reply within third month | |
| 1254 1,480 | 2254 740 | Extension for reply within fourth month | |
| 1255 2,010 | 2255 1,005 | Extension for reply within fifth month | |
| 1401 330 | 2401 165 | Notice of Appeal | |
| 1402 830 | 2402 165 | Filing a brief in support of an appeal | |
| 1403 290 | 2403 145 | Request for oral hearing | |
| 1451 1,010 | 2451 1,010 | Petition to institute a public use proceeding | |
| 1452 110 | 2452 55 | Petition to revive - unavoidable | |
| 1453 1,330 | 2453 665 | Petition to revive - unintentional | |
| 1501 1,330 | 2501 665 | Utility issue fee (or reissue) | |
| 1802 480 | 2802 240 | Design issue fee | |
| 1903 940 | 2903 320 | Plant issue fee | |
| 1450 130 | 2450 130 | Petitions to the Commissioner | |
| 1807 50 | 2807 50 | Processing fee under 37 CFR 1.17(a) | |
| 1808 180 | 2808 180 | Submission of Information Disclosure Stmt | |
| 8021 40 | 2821 40 | Recording each patent assignment per property (times number of properties) | |
| 1809 770 | 2809 385 | Filing a submission after final rejection (37 CFR 1.128(a)) | |
| 1810 770 | 2810 385 | For each additional invention to be examined (37 CFR 1.128(b)) | |
| 1801 770 | 2801 385 | Request for Continued Examination (RCE) | |
| 1802 900 | 2802 900 | Request for expedited examination or a design application | |

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0

SUBMITTED BY

Name (Print/Type) Samuel A. Kassatly Registration No. 92,247 Telephone 408-323-5111
 Signature [Signature] Date 05/20/2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form in the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

If you need assistance in completing this form, call 1-800-PTO-5112 and select option 6

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